

1.) CORPORATION NAME:

ALBEMARLE HOUSING IMPROVEMENT PROGRAM, INC.

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

DAVID J. TOSCANO

211 EAST HIGH STREET

CHARLOTTESVILLE, VA 22901

SCC ID NO: **01590751**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2127 BERKMAR DRIVE

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PHILIP GARLAND
TITLE: PRESIDENT
ADDRESS: 310 4TH ST NE STE 102
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

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OFFICER

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DIRECTOR

NAME: JULIE JONES
TITLE: VICE PRESIDENT
ADDRESS: 7401 LEXINGTON AVE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

☒

OFFICER

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DIRECTOR

NAME: JENNIFER JACOBS
TITLE: SECRETARY
ADDRESS: 2127 BERKMAR DR
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

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OFFICER

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DIRECTOR

NAME: ALISON DETUNCQ
TITLE: PRESIDENT
ADDRESS: UVA COMMUNITY CREDIT UNION
3300 BERKMAR DRIVE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

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OFFICER

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DIRECTOR

NAME: NANA AKYEAMPONG-GHARTEY
TITLE: DIRECTOR
ADDRESS: 322 6-1/2 STREET
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY BOCK DIRECTOR 3030 EARLYSVILLE ROAD CHARLOTTESVILLE, VA 22901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARLA BOWER DIRECTOR 552 CHINQUAPIN DRIVE LYNDHURST, VA 22952-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN BUFORD DIRECTOR 317 BENNINGTON ROAD CHARLOTTESVILLE, VA 22901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALLACE GIBSON DIRECTOR P.O. BOX 106 KESWICK, VA 22947-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH HENDERSON DIRECTOR 109 PROVIDENCE ROAD CHARLOTTESVILLE, VA 22901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY JONES DIRECTOR 917 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT KEESECKER DIRECTOR 218 SPRUCE STREET CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE SCOTT DIRECTOR 910 ROCKCREEK ROAD CHARLOTTESVILLE, VA 22903-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK STONER DIRECTOR 300 SECOND STREET NE CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JENNIFER JACOBS		JENNIFER JACOBS, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			